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22386 U.S. PTO
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COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Mail Stop Patent Application

Sir:

Transmitted herewith for filing is the patent application of

Inventors: **S. Todd Elder and Christina Ligia Andrianov**For: **Encapsulated colorants for natural skin appearance**

Enclosed are:

- ☒ 23 pages of specification including claims
- ☒ 1 page(s) of abstract
- ☐ ___ sheet(s) of drawing ☐ formal ☐ informal
- ☒ Declaration and Power of Attorney (unexecuted)
- ☐ Associate Power of Attorney
- ☐ Preliminary Amendment

-
- ☒ Amend the specification by inserting before the first line:

--This application claims the benefit under 35 U.S.C. 119(e) of U.S. Provisional Application No. 60/450,197, filed February 26, 2003.--

☐ Please cancel claims prior to calculating the fees.

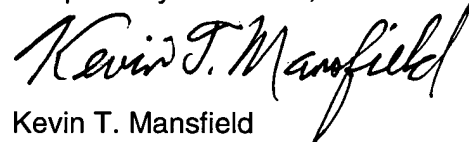
Filing Fee Calculation:

| | | | | | | | |
|------------------------------------|-----------------------|-----------------|-----|-----------------|---------------------|------|----------|
| Basic Fee | | | | | | | \$770.00 |
| Multiple Dependent Claims (\$290) | | | | | | | |
| Foreign Language Surcharge (\$130) | | | | | | | |
| | For | Number Filed | | Number Extra | | Rate | |
| EXTRA Claims | TOTAL CLAIMS | 18 | -20 | 0 | | \$18 | = |
| | INDEPENDENT CLAIMS | 1 | -3 | 0 | | \$86 | = |
| | | | | | TOTAL FILING FEE | | \$770.00 |

Please charge Deposit Account No. 03-1935 in the amount of **\$770.00**. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

Respectfully submitted,



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